1.	we. of copies Accelera Image: Second State of the second sta			
	Address 4001 Penbrook Street, Odessa, Texas 79762			
	Reason(s) for filing (Check proper box) Other (Please explain) New We!1 Change in Transporter of: Other (Please explain) Recompletion Cit Dry Gas of lease name because of Unitization. Recompletion Casinghead Gas Condensate Formerly: Warn State A/C 3 #2 If change of ownership give name Other (Please explain) Order No. 5871 Change			
	and address of previous owner	Marathon Oil Company, P	. O. Box 2409, Hobbs New	Mexico 88240
IJ.	DESCRIPTION OF WELL AND LEASE Lease Name East Vacuum GB-SA Vell No. Pool Name, Including Formation Kind of Lease No. Lease No.			
	Unit Tract No. 3333 002 Vacuum GB-SA State, Rec Location		State, Katk	B-1713
	Unit Letter F : 198	OFeet From TheNorth_Line	• and <u>1980</u> Feei From 1	rhe <u>West</u>
	Line of Section 33 Township 17-S Range 35-E , NMPM, Lea County			
111.			Add:055 (Give address to which approv	i
	Texas-New Mexico Pipe Name of Authorized Transporter of Cas	inghaad Gas 🔀 or Dry Gas 🗍	P.O. Box 2528, Hobbs, Address (Give address to which approv	ved copy of this form is to be sent)
	Phillips Petroleum Com	Dany Unit Sec. Twp. Rge.	4001 Penbrook St., Od Is gas actually connected? Whe	and the second se
	give location of tarks. G 33 17-S 35-E Yes 12-1-78			
	If this production is commingled with that from any other lease or pool, give commingling order number: <u>COMPLETION DATA</u> OII Well 'Gas Well 'New Well 'Workover 'Deepen 'Plug Back 'Same Res'v.'DIII, Res'v.			
	Designate Type of Completio		I I I I I I I I I I I I I I I I I I I	
	Date Spudded	Date Compl. Recay to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Perforations		<u> </u>	Depth Casing Shoe
	TUBING, CASING, AND		CEMENTING RECORD	
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		0		
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top ellow- able for this depth or be for full 24 hours) Date First New Oil Bun To Tanks Date of Tost Producing Method (Flow, pump. gas lift, etc.)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (riow, pump, gas ii)	τ, ε(C.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bble.	Gas+MCF
	l		<u> </u>	
	GAS WELL Actual Frod. Teet-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	CERTIFICATE OF COMPLIANO			TIONECOMMISSION
	I hereby certify that the rules and regulations of the Oli Conservation Commission have been complied with and that the information given above is true and complete to the beat of my knowledge and belief.			1979 COMMISSION
			APPROVED Orig. Segred by BY Jerry Sector	
			TITLE	
	J. E. Unlan (Signature)		If this is a request for allowable for a newly drilled or deepened	
ć	PRODUCTION CLERICAL SUPERVISOR		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for sllow	
	(Tule) 12-27-78		Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition	
	(Du		Separate Forms C-104 mus completed wells.	t be filed for each pool in multiply

~ • • **~ ***

, ,

RE

67670303년 Jamon Portavezzynas 40 J. 문 공소교도